MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/ 553990

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1*AMENDMENT | | AFTER 2 ** AMENDMENT | | LAIMS | AS FILED | | AFTER i*AMENDMENT | | AFTER 2 ™ AMENDME | |
|-----------------|-------------|--|-------------------|------------|----------------------|----------|-----------------------------|----------|------|--------------------|------|-------------------|--------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | D |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | <u> </u> |
| 4 | | 1 | | | | | 54 | | | | | | ļ.— |
| 5 | | 3 | | | | | 55 56 | | | | | | |
| 7 | | 3 | | | | | 57 | | | | | | _ |
| 8 | | 3 | | - | | | 58 | | | | | | - |
| 9 | | 1 | | | | | 50 59 | | | | | | ├ |
| 10 | | 1 | | | | | 60 | | | | | | |
| 11 | | | | | | | 61 | | | | | | |
| 12 | | 3 | | | | | 62 | | | | | | |
| 13 | | 3 | | | | | 63 | | | | | | |
| 14 | | 3 | | | | | 64 | | | | | | |
| 15 | | 3 | | | | | 65 | | | | | | |
| 16 | | 3 | | | | | 66 | | | <u> </u> | | | |
| 17 | | 3 | | | | | 67 | | | | | | <u> </u> |
| 18 19 | | | | | | | 68 69 | | | | | | ļ |
| 20 | | | | | | | 70 | | | | | | _ |
| 21 | | | | | | | 71 | | | | | | |
| 22 | | | | | | | 72 | | | | | | |
| 23 | | | | | | | 73 | | | | | | |
| 24 | | | | | | | 74 | | | | | | - |
| 25 | | 0 | | | | | 75 | | | | | | |
| 26 | | 0 | | | | | 76 | | | | | | |
| 27 | | (1) | | | | | 77 | | | | | | |
| 28 | | 0 | | | | | 78 | | | | | | |
| 29 | | | | | | | 79 | | | | | | |
| 30 | | | | | | | 80 | | | | | | |
| 31 | | 9 | | | | | 81 | | | | | | |
| 32 33 | | | | | | | 82 | | | | | | |
| 34 | | 8 | | | | | 83 | | | - | | | |
| 35 | | 8 | | | | | 84 85 | | | | | | |
| 36 | | <u> </u> | | | | | 86 | | | | | | |
| 37 | | *** | | | | | 87 | | | - | | | |
| 38 . | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
| 43 | | | | | | | 93 | | | | | | |
| 44 | | | | | | | 94 | | | | | | |
| 45 | | | | | | | 95 | | | | | | |
| 46 47 | | | | | - | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 49 | | | | | | | 98 | | | | | | |
| 50 | | | | | | | 99 100 | | | | | | |
| OTAL | -, | | | | | | TOTAL | | | | | | 5 |
| IND. | | ₩ | | ₩ | | ♣ | IND. | | - | | ₩ | | 1 |
| OTAL | 54 | 4 | 1 | — 1 | | <u>_</u> | TOTAL | | | | | | _ |
| DEP. | <u> </u> | _ | Ш | 7 | | T | DEP. | | _ | | • | | 7 |
| TOTAL CLAIMS | 55 | | | 50 SEE | | | TOTAL CLAIMS | | | | | | |
| ГО - 1360 | (REV. 11/0- | 4) | | | | | | | | FMENT of CO | | | |